County: Labette Fraction: NE SW S	WNW Sec. 5 T 32 S R 21 E
CORRECTION(S) TO WATER WELL COMPLETION RECO	ORD (WWC-5) - to rectify lacking or incorrect information
Owner: USACE	
If corrected, location was listed as:	Location changed to:
Section-Township-Range: Fraction (1/4 1/4 1/4):	
Fraction (¼ ¼ ¼):	
Other changes: Initial statements: Latitude: 15570	
Changed to: <u>Latitude</u> : 37.2903292	, Longitude: -95.1385705, WG584
Comments:	
Verification method: <u>Conversion</u> of state p	lane coordinates to latitude
and longitude.	
	Initials: Date: 12/6/2017
Submitted by: Kansas Geological Survey, Data Resources Library, 1 Kansas Dept. of Health & Environment, Bureau of Wa	

(2017/09/11)

			W W C-5		ivision of Water	1	Wall ID MIN 10-25		
			ge in Well Use		sources App. No		Well ID		
		VATER WELL:	Fraction		ection Number 5	, A			
	y: LaBette		NE 1/4 SW 1/4 SW 1/4			T 32 S	R 21 ■ E □ W		
	OWNER:	Last Name:	First:			where well is located (
1	USACE	rmy Ammunition Dlor				•	s address, check here:		
Address: Kansas Army Ammunition Plant East side of k						KSAAP approximately 6 miles SE of Parsons, KS			
City:	Parsons	State: KS	ZIP: 67357						
3 LOCAT				47	_	4557050.55	0		
WITH "			MPLETED WELL:		ft. 5 Latitu	5 Latitude: 1557050.550 (decimal degrees)			
1	ON BOX:		Encountered: 1)			Longitude: 2290018.637 (decimal degrees)			
1	N	2) ft.	3) ft., or 4) [Dry Well	Horizo	Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27			
		WELL'S STATIC WA	TER LEVEL:4.	/.9 ft.		Source for Latitude/Longitude:			
			e, measured on (mo-day			1 - `			
NW	NE		above land surface, measured on (mo-day-yr)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			water was			Land Survey Topographic Map			
w X	E		s pumping		☐ On	Online Mapper:			
sw	SE	i	water was			***************************************			
			s pumping	gpm	6 Elevat	ion: 833.9 ft.	■ Ground Level □ TOC		
	S	Estimated Yield:	gpm 4 in. to17	A and	Source	■ Land Survey □ G	PS Topographic Map		
1	S mile	Bore Hole Diameter:		it. and	Bource				
	<u>.</u>		in. to	IL.					
1		D BE USED AS:	oton Cumples 11 ID		10 🗆 00	Field Water County 1	00		
1. Domestic			ater Supply: well ID ng: how many wells?			ole: well ID	se		
House									
. –	& Garden	/. \square Aquiter K	techarge: well ID	10-25	. La Castha	sed Uncased G			
Livest		8. Monitorir	ig: well ID!!!!!.		. 12. Geothe	ermal: how many bores?			
2. Irrigat			tal Remediation: well I			sed Loop Horizonta			
3. Feedlo		☐ Air Sparg		Extraction		en Loop Surface Disc			
4. Indust		Recovery				ner (specify):			
Was a che	mical/bacte	riological sample subn	nitted to KDHE? 🔲	Yes No	If yes, date	sample was submitted	:		
Water well	disinfected	? ☐ Yes ☐ No							
8 TYPE C	OF CASINO	USED: ☐ Steel ■ PV	/C □ Other	CAS	ING JOINTS:	☐ Glued ☐ Clamped	☐ Welded ■ Threaded		
Casing diam	neter2.	in. to 7.5 ft.	. Diameter	in. to	ft., Diame	eter in. to	ft.		
Casing heig	ht above land	GUSED: ☐ Steel ■ PV	n. Weight 0.6	8 lbs./ft.	. Wall thicks	ness or gauge No. Sch.	10		
TYPE OF	SCREEN O	R PERFORATION MA	TERIAL:						
☐ Steel		inless Steel Fibe			☐ Othe	er (Specify)			
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
		RATION OPENINGS A			,				
1	nuous Slot			orch Cut 🖂	Drilled Holes	Other (Specify)			
		☐ Key Punched ☐ W	Vire Wrapped	aw Cut	None (Open Ho	ole)			
SCREEN-I	PERFORAT	ED INTERVALS: From	n 7.5 ft to 12.5	ft From	fl to	ft From	ft to ft		
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Septic		Lateral Line	es	г	Livestock Pen	s 🔲 Insectici	de Storage		
Sewer		☐ Cess Pool	□ Sewage La		Fuel Storage		ned Water Well		
					Fertilizer Stor	_			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well ■ Other (Specify) RCRA									
Direction fr	om well? W	ell within impact zone	Distance from w	ell? N.A.		ft.			
10 FROM	TO	LITHOLO		FROM			PLUGGING INTERVALS		
0	2	Clay, silty	OIC EOU	I KON	+	2	2000110 II TERTALD		
2			m Fort Soott Erm\		+ +				
	12	Limestone (Higginsville Me		+	 				
12	17	Shale (Little Osage Mem.,	ruit Scutt Fim)	+	 				
					+ +				
					1				
				Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) .03-31-201.7 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 201									
under my i	urisdiction a	and was completed on (r	no-day-year) .0.3-31.	201.7 and	d this record is	true to the best of my	knowledge and belief.		
Kansas Wa	ater Well Co	ntractor's License No.	201 This W	ater Well Re	ecord was	pleted op (mo-day lea	ar)		
under the b	ousiness nam	ne of	ns. Hinsen Can	yout.	Signature /	w Knory			
Mail	1 white copy al	ong with a fee of \$5.00 for ea	ch constructed well to: Ka	nsas Departme	nt of Health and E	invironment, Bureau of Wat	er, GWTS Section,		
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.									
		s.gov/waterwell/index.html		KSA 82a-1			Revised 7/10/2015		